

READ THIS FIRST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY. YOUR APPLICATION WILL NOT BE ACTED UPON UNTIL ALL QUESTIONS HAVE BEEN ANSWERED AND ALL DOCUMENTS RECEIVED.

1. Applicant Information Sheets No. 1 and No. 2

Read both Applicant Information Sheets. Sign and return one (1) copy of Sheet No. 1. You may retain Sheet No. 2 and the second copy of Sheet No. 1.

2. Personal History Statement

Type or print carefully. USE BLACK TYPEWRITER RIBBON OR BLACK INK. Complete and return only one copy. **It must be signed and witnessed.** The other copy may be used as a worksheet and retained for your own records.

3. Appendix 1 to the Personal History Statement

Read Appendix 1 carefully and return **signed and witnessed.** If you are married, Appendix 1 is also to be read by your spouse and **signed and witnessed** in the section provided.

4. Medical Record (Form 2223)

a. This form is to be completed by **you.** You have the option, however, of:

1. Completing it now, enclosing in the envelope provided marked "Privileged Medical Information," sealing and submitting it with your other application papers; or
2. Completing it at the time of subsequent medical examination.

Completing the form now may mean a saving in processing time and thus be to your personal advantage, particularly if there is any question concerning physical qualifications that must be resolved.

b. If you desire to complete the form now, proceed as follows:

1. Answer all items
2. Each item checked in Section 6 requires explanation of the following points on the reverse side of the form:
 - a. Age when occurred
 - b. Exact diagnosis if known
 - c. Type of treatment
 - d. Name and address of physician who treated
 - e. Remaining defects
3. If you have ever been hospitalized for a psychiatric or emotional problem or if you have ever consulted a psychiatrist or psychologist for any reason other than vocational counseling, provide a complete and detailed report **in your own words** covering such hospitalization or consultation. Use the reverse side of the form. If additional space is needed, use a continuation sheet, sign it and attach to the form.
4. If you are presently under the care of a physician for other than a minor ailment, attach a statement from this physician describing the condition.

5. Photographs

Please furnish three (3) passport-size photographs (head and shoulders view 2½" X 2½" minimum size). On the back of each photograph, indicate date taken and print your name.

6. College Transcript

If you have not been instructed otherwise, please include one (1) copy of your college transcript (including graduate work, if appropriate). If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D. C. 20505

Applicant Information
Sheet No. 1

To all persons applying for employment
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:

- a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
- b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
- c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
- d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
- e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "Clearance" of an applicant.

2. This comprehensive review may result in a determination that an applicant is not acceptable under the special employment criteria of the Agency. Frequently, such determination would not be the result of any single event or element in the applicant's personal background or qualifications but would reflect the composite results of the several evaluations involved. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. It should be understood by each applicant that appointments are extremely competitive and that not everyone who is investigated is finally employed. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. An offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not appointed.

Statement of Understanding
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

(Signature of Applicant)

Applicant Information
Sheet No. 2

1. In accordance with its special national responsibilities, the Central Intelligence Agency is obliged to judge carefully the suitability of each person selected for employment in the Agency. To assist in this determination, an extensive investigation, which includes a polygraph interview, is conducted with regard to the loyalty, background, and character of applicants under consideration for employment with the Agency. This investigation includes, but is not limited to, inquiries concerning:

- a. professional competence
- b. any behavior, activities or associations which tend to show that the individual is of questionable character, discretion, integrity or trustworthiness
- c. any deliberate misrepresentations, falsifications, or omission of material facts
- d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants to excess, drug addiction, or sexual perversion
- e. physical fitness
- f. an adjudication of insanity, serious mental illnesses, neurological disorders, or emotional instability
- g. any facts which furnish reason to believe that the individual may be subjected to coercion, influence, or pressure which may cause him to act contrary to the best interests of the national security
- h. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting, another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition
- i. establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist,

(over)

or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means

- j. advocacy of use of force or violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means
- k. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means
- l. intentional, unauthorized disclosure to any person of security information, or of other information, disclosure of which is prohibited by law, or willful violation or disregard of security regulations
- m. performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States

2. In considering applicants for employment, Central Intelligence Agency standards oblige strict interpretation of the above and other factors involved in selecting employees. In the event an applicant is in doubt as to whether anything in his background may disqualify him, he is at liberty to consult a Security, Medical or Personnel Officer of the Agency and discuss the matter in strict confidence before proceeding with his application.

PERSONAL HISTORY STATEMENT**INSTRUCTIONS****—DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS—**

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully—**USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will *help to speed the processing* of your application.

SECTION I**GENERAL PERSONAL AND PHYSICAL DATA**

GENERAL	1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social security number
	5. Nicknames		6. Other names you have used			
	7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
	8. If legal change of name, give particulars (Where and by what authority)					
	9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	14. Build
	15. Scars (Type and location)			16. Other distinguishing physical features		
	17. Current address (No., Street, City, State & ZIP code—country if not U.S.)				18. Current phone number	19. Long distance area code
	20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)				21. Permanent phone number	22. Long distance area code
	23. Office phone number		24. Office extension		25. Legal residence (State, territory or country)	

SECTION II**POSITION DATA**

POSITION DATA	1. Indicate the type of work or position for which you are applying			
	2. Indicate the lowest annual entrance salary you will accept \$ _____		3. Dates available for employment Earliest: _____ Latest: _____	
	4. Indicate your willingness to travel		5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable	
	Occasionally	Other (Specify): _____	Washington, D.C.	Outside continental U.S.
	Frequently		Anywhere in U.S.	Certain locations only (Specify): _____
	Constantly			
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area				
(For Office Use Only)			Date of this application	

SECTION III

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

CITIZENSHIP

1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
7. Court issuing naturalization certificate	8. Issued at (City, State, Country)	
9. If alien, give alien registration number	10. Date and place of arrival in U.S.	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If yes, give name of country	
13. Give particulars concerning previous nationalities		
14. Last U.S. visa (Number, type, place of issue)		15. Date visa issued

CITIZENSHIP

SECTION IV

EDUCATION

ELEMENTARY SCHOOL

1. Name of elementary school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--------------------------------	------------------------------	---

HIGH SCHOOLS

1. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE OR UNIVERSITY STUDY

Name and location of college or university	Subject		Years attended From — to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				

EDUCATION

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

EDUCATION (Continued)

MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

Other education or training not indicated above

EDUCATION

SECTION V

FOREIGN LANGUAGE ABILITIES

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.
- If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.
- If you have no proficiency in any foreign language, check (X) box at right and leave other items blank. → ☐

Level of Skill

(Slight)					(Native)
1	2	3	4	5	

0 = No proficiency in a specific skill factor

SKILL FACTORS

HOW ACQUIRED
[Check (X) Box(es) which apply]

Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? → ☐ Yes ☐ No

(For Office Use Only)

FOREIGN LANGUAGE ABILITY

SECTION VI

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

GEOGRAPHIC AREA KNOWLEDGE
AND FOREIGN TRAVEL

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by— Check (X)			
				Resi- dence	Travel	Study	Work Assign- ment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, if issued →

SECTION VII

TYPING AND STENOGRAPHIC SKILLS

TYPING
STENO

1. Typing (WPM)

2. Shorthand (WPM)

3. Indicate shorthand system used—check (X) appropriate item:

☐ Gregg☐ Speedwriting☐ Stenotype☐ Other—
Specify:

4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.)

SECTION VIII

SPECIAL QUALIFICATIONS

SPECIAL QUALIFICATIONS

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.

2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.

3. Excluding business equipment or machines which you may have listed in Item 4, section VII, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending & receiving), offset press, turret lathe, EDP and other scientific & professional devices.

4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.?

☐ Yes
☐ No

5. If you have answered "Yes" to Item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)

6. First License/Certificate (year of issue)

7. Latest License/Certificate (year of issue)

8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)

9. Indicate any devices which you have invented and state whether or not they are patented.

10. List public speaking and public relations experience.


11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

SECTION IX



MILITARY SERVICE


CURRENT DRAFT STATUS

1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?  ☐ Yes ☐ No
2. Selective Service classification
3. If deferred, give reason
4. Local Selective Service Board Number and Address

MILITARY SERVICE RECORD

Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in item 1 below.

1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps		3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number		7. Type of separation from active duty (insert number for type which applies—see list below) 	
(1) 8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)					
1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps		3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number		7. Type of separation from active duty (insert number for type which applies—see list below) 	
(2) 8. Brief description of military duties					

Types of separation from active duty—record applicable number in item(s) 7 above 



1—Honorable discharge
2—Release to inactive duty
3—Retirement for age

4—Retirement for service
5—Retirement for combat disability
6—Retirement for physical disability

7—Undue hardships
—Other—specify in item 7 in lieu of number

MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong 	<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy ROTC
	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Nat'l Guard	<input type="checkbox"/> Army ROTC	<input type="checkbox"/> Air Force ROTC
1. Current rank, grade or rate		2. Date of appointment in current rank		3. Expiration date of current reserve obligation	
4. Check (X) current reserve category  <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby (active) <input type="checkbox"/> Standby (inactive) <input type="checkbox"/> Retired					
5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military service)					
6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify the unit and its address			7. If you have a military mobilization assignment, identify the unit and its address		

SECTION X

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.

(1)	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency		
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3		
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service	
	10. Description of duties			
	11. Reasons for leaving			
	1. Inclusive dates (From— to— by month & year)			
	2. Name of employing firm or agency			
	3. Address (Number, Street, City, State, Country)			
	4. Indicate specific area or place of employment if other than address noted in item 3			
	5. Kind of business			
(2)	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female			
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service	
	10. Description of duties			
	11. Reasons for leaving			
	1. Inclusive dates (From— to— by month & year)			
	2. Name of employing firm or agency			
	3. Address (Number, Street, City, State, Country)			
	4. Indicate specific area or place of employment if other than address noted in item 3			
	5. Kind of business			
	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female			
	(3)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
10. Description of duties				
11. Reasons for leaving				
1. Inclusive dates (From— to— by month & year)				
2. Name of employing firm or agency				
3. Address (Number, Street, City, State, Country)				
4. Indicate specific area or place of employment if other than address noted in item 3				
5. Kind of business				
6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female				
(4)		7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
		10. Description of duties		
	11. Reasons for leaving			
	1. Inclusive dates (From— to— by month & year)			
	2. Name of employing firm or agency			
	3. Address (Number, Street, City, State, Country)			
	4. Indicate specific area or place of employment if other than address noted in item 3			
	5. Kind of business			
	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female			
	7. Title of job			
	8. Salary or earnings \$ _____ per _____			
9. Class, grade if Federal Service				

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

EMPLOYMENT HISTORY (Continued)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

EMPLOYMENT HISTORY

(4)	10. Description of duties		
	11. Reasons for leaving		
(5)	1. Inclusive dates (From — to — by month & year)		2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3
	5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job		8. Salary or earnings \$ _____ per _____
			9. Class, grade if Federal Service
	10. Description of duties		
11. Reasons for leaving			
(6)	1. Inclusive dates (From — to — by month & year)		2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3
	5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job		8. Salary or earnings \$ _____ per _____
			9. Class, grade if Federal Service
	10. Description of duties		
11. Reasons for leaving			
(7)	1. Inclusive dates (From — to — by month & year)		2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3
	5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job		8. Salary or earnings \$ _____ per _____
			9. Class, grade if Federal Service
	10. Description of duties		
11. Reasons for leaving			

If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. Civil Service Retirement, if known. → _____

(For Office Use Only)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

SECTION XI

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify →

2. State date, place, and reason for all separation, divorces or annulments

Wife, husband
or fiancé(e)

If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé(e).

3. Name of spouse (Last) (First) (Middle) (Maiden)

4. State any other names ever used by spouse

Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

5. Date of birth

6. Place of birth (City, State, Country)

7. Date of marriage

8. Place of marriage (City, State, Country)

9. Living

☐ Yes ☐ No

10. Citizenship

11. Former citizenship(s) [country(ies)]

12. If alien, give alien registration number

13. Date U.S. citizenship acquired

14. Where acquired

15. Date and place of arrival in U.S.

16. Naturalization certificate number

17. Date of death

18. Cause of death

19. Current address (Give last address, if deceased)

20. Address of spouse before marriage

21. Occupation

22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)

23. Employer's or business address (Number, Street, City, State, Country)

24. Dates of military service
(From — to — by month & year)

25. Branch of military service

26. Country with which military service affiliated

27. Details of other government service, U.S. or foreign

MARITAL STATUS

SECTION XII

CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all children and dependents:

Name	Relationship	Date & Place of Birth	Citizenship	Address

2. No. of children (Include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting. ▶

3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 ▶

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

DEPENDENTS

SECTION XIII**FATHER** (Give same information for stepfather and/or guardian on a separate sheet)**FATHER**

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

SECTION XIV**MOTHER** (Give same information for stepmother on a separate sheet)**MOTHER**

1. Full name (Last—First—Middle—Maiden)		
2. State other names she has used		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

SECTION XV

BROTHERS AND SISTERS (If marriage contemplated, fill in information for future father-in-law)

BROTHERS AND SISTERS

(1)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
(2)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
(3)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
(4)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
(5)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)
(6)	1. Full name (Last—First—Middle—Maiden)	2. Relationship	3. Citizenship (Country)
	4. Date of birth	5. Place of birth (City, State, Country)	6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)

SECTION XVI

FATHER-IN-LAW (If marriage contemplated, fill in information for future father-in-law)

FATHER-IN-LAW

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation	16. Present employer (Give last employer if father-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)		

(For Office Use Only)

SECTION XVII**MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

1. Full name (Last—First—Middle—Maiden)		
2. State other names she has used		
Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation	16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)		

SECTION XVIII**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

RELATIVES WITH FOREIGN CONNECTIONS	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		

SECTION XIX**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL
SERVICE OF THE UNITED STATES**

RELATIVES IN THE SERVICE OF THE UNITED STATES	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		

(For Office Use Only)

SECTION XX

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

Include addresses while at school and in military service. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state, and country.

Address—last residence first (number, street, city, state, country)

Inclusive dates (month & year)

From—

To—

RESIDENCES

SECTION XXI

REFERENCES

1. List five character references (not relatives) in the U.S. who know you well

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

2. List five persons in the U.S. who know you socially (not relatives, supervisors or employers). If you have resided overseas at any time during the past 15 years, two of the persons listed (if possible) should be individuals who knew you overseas.

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

REFERENCES

SECTION XXII

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

ORGANIZATIONS

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)

SECTION XXIII

FINANCIAL STATUS

FINANCIAL STATUS

1. Are you entirely dependent on your salary? ☐ Yes ☐ No

2. If your answer is "NO" to the above, state sources of other income

3. Credit references (banking institutions, charge accounts, etc.)

Name of institution	Address (City, State, Country)

4. Have you ever been in, or petitioned for, bankruptcy? ☐ Yes ☐ No

5. If your answer is "YES" to the above, give particulars, including court and date(s)

6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?

☐ Yes ☐ No

7. If your answer is "YES" to the above question, give complete details

8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests? ☐ Yes ☐ No (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary)

SECTION XXIV

PERSONAL DECLARATIONS

PERSONAL DECLARATIONS

1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States? ☐ Yes ☐ No

2. If you have answered "YES" to the question above, explain.

PERSONAL DECLARATIONS (Continued)

PERSONAL DECLARATIONS

3. Do you use or have you ever used intoxicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. If so, to what extent?
5. Do you use or have you ever used narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. If so, to what extent?
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details: <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.		
9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.		
Note Special Instructions	If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.	
10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date nature of offense, and disposition of case in accordance with special instructions above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. If your answer to either or both questions in Item 13 above is "Yes," give details.		

SECTION XXV

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

EMERGENCY

1. Name (Last—First—Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code)—Indicate name of firm or employer, if applicable	6. Business telephone number & extension
7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.	

SECTION XXVI

CERTIFICATION

CERTIFICATION

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Date of signatures	2. Signature of applicant
3. Signed at (City and State)	4. Signature of witness to identify applicant

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

Space for extra details continued on page 16

Space for extra details (Continued) - Reference each continued item by section and item number
Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

(Signature)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

Type or print
carefully—use black ink

PERSONAL HISTORY SUMMARY

(For office use only)		(For office use only)	
Applicant	1. Full name (Last—First—Middle)		2. Date of birth
	4. Other names used (Including maiden name) (Last—First—Middle)		3. Place of birth
Marital Status	6. Name of spouse (Last—First—Middle—Maiden)		5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)
	9. Date & place of marriage		7. Date of birth
	11. Former spouse(s)—full name(s)		8. Place of birth (spouse)
		10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)	
		12. If divorced, date & place of divorce	
Education	13. Complete following for high school; trade, commercial & specialized schools (Exclude military training); colleges & universities:		
	Dates attended (From — To —)	Name & address of school	Degree received
Employment	14. Complete following for last three employment positions or last two years—begin with most recent or current position:		
	Dates employed (From — To —)	Name & address of employer	Employer's complete business address
Residences	15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:		
	Dates resided (From — To —)	Complete address (Number, Street, City, State)	
Military	(1)	16. Military service organization (Army, Navy, etc.—specify)	17. Serial number
	(2)	20. Military service organization (Army, Navy, etc.—specify)	18. Rank, grade or rate
		21. Serial number	19. Dates of service (From — To —)
Parents	24. Father's full name (Last—First—Middle)		25. Date of birth
	27. Father's current address (Number, Street, City, State)		26. Place of birth (Father)
	29. Mother's full name (Last—First—Middle—Maiden)		28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)
	32. Mother's current address (Number, Street, City, State)		30. Date of birth
		31. Place of birth (Mother)	
		33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)	

THIS SHEET MUST BE COMPLETED

PERSONAL HISTORY STATEMENT**INSTRUCTIONS**

—DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS—

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully—**USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will *help to speed the processing* of your application.

SECTION I**GENERAL PERSONAL AND PHYSICAL DATA**

1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social security number
5. Nicknames		6. Other names you have used			
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
8. If legal change of name, give particulars (Where and by what authority)					
9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	14. Build
15. Scars (Type and location)			16. Other distinguishing physical features		
17. Current address (No., Street, City, State & ZIP code—country if not U.S.)				18. Current phone number	19. Long distance area code
20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)				21. Permanent phone number	22. Long distance area code
23. Office phone number		24. Office extension		25. Legal residence (State, territory or country)	

SECTION II**POSITION DATA**

1. Indicate the type of work or position for which you are applying					
2. Indicate the lowest annual entrance salary you will accept \$ _____			3. Dates available for employment Earliest: _____ Latest: _____		
4. Indicate your willingness to travel			5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable		
<input type="checkbox"/> Occasionally	Other (Specify): _____		<input type="checkbox"/> Washington, D.C.	<input type="checkbox"/> Outside continental U.S.	
<input type="checkbox"/> Frequently			<input type="checkbox"/> Anywhere in U.S.	<input type="checkbox"/> Certain locations only (Specify): _____	
<input type="checkbox"/> Constantly					
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area					
(For Office Use Only)					Date of this application

SECTION III

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

CITIZENSHIP

1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
7. Court issuing naturalization certificate	8. Issued at (City, State, Country)	
9. If alien, give alien registration number	10. Date and place of arrival in U.S.	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If yes, give name of country	
13. Give particulars concerning previous nationalities		
14. Last U.S. visa (Number, type, place of issue)		15. Date visa issued

SECTION IV

EDUCATION

ELEMENTARY SCHOOL

1. Name of elementary school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--------------------------------	------------------------------	---

HIGH SCHOOLS

1. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE OR UNIVERSITY STUDY

Name and location of college or university	Subject		Years attended From — to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

EDUCATION

Other education or training not indicated above**FOREIGN LANGUAGE ABILITIES**

FOREIGN LANGUAGE ABILITY

(For Office Use Only)

SECTION VI

Approved ~~GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL~~ 100070010-2GEOGRAPHIC AREA KNOWLEDGE
AND FOREIGN TRAVEL

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by — Check (X)			
				Residence	Travel	Study	Work Assignment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, if issued —————→

SECTION VII

TYPING AND STENOGRAPHIC SKILLS

TYPING
STENO

1. Typing (WPM) 2. Shorthand (WPM) 3. Indicate shorthand system used — check (X) appropriate item: ☐ Gregg ☐ Speedwriting ☐ Stenotype ☐ Other — Specify: _____
4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.)

SECTION VIII

SPECIAL QUALIFICATIONS


SPECIAL QUALIFICATIONS

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.
2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.
3. Excluding business equipment or machines which you may have listed in item 4, section VII, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending & receiving), offset press, turret lathe, EDP and other scientific & professional devices.
4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.? ☐ Yes ☐ No
5. If you have answered "Yes" to item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)
6. First License/Certificate (year of issue)
7. Latest License/Certificate (year of issue)
8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)
9. Indicate any devices which you have invented and state whether or not they are patented.
10. List public speaking and public relations experience.
11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

SECTION IX

MILITARY SERVICE


Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?  ☐ Yes ☐ No
2. Selective Service classification
3. If deferred, give reason


4. Local Selective Service Board Number and Address

MILITARY SERVICE RECORD


Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in item 1 below.

1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps		3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below) 		

(1) 8. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)

1. Military organization (Army, Navy, etc.—specify)		2. Branch or Corps		3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below) 		

(2) 8. Brief description of military duties

Types of separation from active duty—record applicable number in item(s) 7 above 

1—Honorably discharge
2—Release to inactive duty
3—Retirement for age


4—Retirement for service
5—Retirement for combat disability
6—Retirement for physical disability

7—Undue hardships
—Other—specify in item 7 in lieu of number

MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong 	<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy ROTC
	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Air Nat'l Guard	<input type="checkbox"/> Army ROTC	<input type="checkbox"/> Air Force ROTC

1. Current rank, grade or rate
2. Date of appointment in current rank
3. Expiration date of current reserve obligation
4. Check (X) current reserve category  ☐ Ready Reserve ☐ Standby (active) ☐ Standby (inactive) ☐ Retired

5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military service)

6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify the unit and its address
7. If you have a military mobilization assignment, identify the unit and its address

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

SECTION X


Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.

(1)	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency		
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3		
	5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service	
	10. Description of duties			
	11. Reasons for leaving			
	1. Inclusive dates (From— to— by month & year)			
	2. Name of employing firm or agency			
	3. Address (Number, Street, City, State, Country)			
	4. Indicate specific area or place of employment if other than address noted in item 3			
	5. Kind of business			
(2)	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female			
	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service	
	10. Description of duties			
	11. Reasons for leaving			
	1. Inclusive dates (From— to— by month & year)			
	2. Name of employing firm or agency			
	3. Address (Number, Street, City, State, Country)			
	4. Indicate specific area or place of employment if other than address noted in item 3			
	5. Kind of business			
	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female			
	(3)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
10. Description of duties				
11. Reasons for leaving				
1. Inclusive dates (From— to— by month & year)				
2. Name of employing firm or agency				
3. Address (Number, Street, City, State, Country)				
4. Indicate specific area or place of employment if other than address noted in item 3				
5. Kind of business				
6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female				
(4)		7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class, grade if Federal Service
		10. Description of duties		
	11. Reasons for leaving			
	1. Inclusive dates (From— to— by month & year)			
	2. Name of employing firm or agency			
	3. Address (Number, Street, City, State, Country)			
	4. Indicate specific area or place of employment if other than address noted in item 3			
	5. Kind of business			
	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female			
	7. Title of job			

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

EMPLOYMENT HISTORY

(4)	10. Description of duties		
	11. Reasons for leaving		
(5)	1. Inclusive dates (From — to — by month & year)		2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3
	5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job		8. Salary or earnings \$ _____ per _____
			9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
(6)	1. Inclusive dates (From — to — by month & year)		2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3
	5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job		8. Salary or earnings \$ _____ per _____
			9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
(7)	1. Inclusive dates (From — to — by month & year)		2. Name of employing firm or agency
	3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3
	5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
	7. Title of job		8. Salary or earnings \$ _____ per _____
			9. Class; grade if Federal Service
	10. Description of duties		
	11. Reasons for leaving		
If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. Civil Service Retirement, if known. 			

(For Office Use Only)

SECTION XI

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify →			
2. State date, place, and reason for all separation, divorces or annulments			
Wife, husband or fiancé(e)		If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé(e).	
3. Name of spouse		(Last)	(First) (Middle) (Maiden)
4. State any other names ever used by spouse			
Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
5. Date of birth	6. Place of birth (City, State, Country)		7. Date of marriage
8. Place of marriage (City, State, Country)			9. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Citizenship	11. Former citizenship(s) [country(ies)]		12. If alien, give alien registration number
13. Date U.S. citizenship acquired	14. Where acquired	15. Date and place of arrival in U.S.	16. Naturalization certificate number
17. Date of death	18. Cause of death		
19. Current address (Give last address, if deceased)		20. Address of spouse before marriage	
21. Occupation	22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)		
23. Employer's or business address (Number, Street, City, State, Country)			
24. Dates of military service (From — to — by month & year)		25. Branch of military service	26. Country with which military service affiliated
27. Details of other government service, U.S. or foreign			

SECTION XII

CHILDREN AND OTHER DEPENDENTS

DEPENDENTS

1. Provide the following information for all children and dependents:				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting. ▶		3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting. ▶		

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

SECTION XIII

FATHER (Give same information for stepfather and/or guardian on a separate sheet)

FATHER

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

SECTION XIV

MOTHER (Give same information for stepmother on a separate sheet)

MOTHER

1. Full name (Last—First—Middle—Maiden)		
2. State other names she has used		
Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)		
16. Occupation	17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed		
19. Dates of military service (From — to —)	20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign		

SECTION XV

BROTHERS AND SISTERS

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

BROTHERS AND SISTERS

(1)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(2)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(3)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(4)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(5)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		
(6)	1. Full name (Last—First—Middle—Maiden)		2. Relationship		3. Citizenship (Country)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		

SECTION XVI

FATHER-IN-LAW

(If marriage contemplated, fill in information for future father-in-law)

FATHER-IN-LAW

1. Full name (Last—First—Middle)		
2. State other names he has used		
Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation	16. Present employer (Give last employer if father-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)		

(For Office Use Only)

SECTION XVII**MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

MOTHER-IN-LAW	1. Full name (Last—First—Middle—Maiden)		
	2. State other names she has used		
	Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.		
	3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Date of death	7. Cause of death	8. Citizenship (Country)
	9. Former citizenship(s) [country(ies)]	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
	12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
	15. Occupation	16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

SECTION XVIII**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

RELATIVES WITH FOREIGN CONNECTIONS	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address or country in which relative resides		
		7. Employed by	8. Frequency of contact	9. Date of last contact	
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address or country in which relative resides		
		7. Employed by	8. Frequency of contact	9. Date of last contact	
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address or country in which relative resides		
		7. Employed by	8. Frequency of contact	9. Date of last contact	

SECTION XIX**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL
SERVICE OF THE UNITED STATES**

RELATIVES IN THE SERVICE OF THE UNITED STATES	(1)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)	
	(2)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)	
	(3)	1. Name (Last—First—Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)	

(For Office Use Only)

Approved ~~ACTUAL PLACES~~ 2 OF 2 RESIDENCE | ACRDPTF9P00632AUBONS0070010-2

RESIDENCES

[illegible]

REFERENCES

REFERENCES

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

2. List five persons in the U.S. who know you socially (not relatives, supervisors or employers). If you have resided overseas at any time during the past 15 years, two of the persons listed (if possible) should be individuals who knew you overseas.

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

SECTION XXII

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

ORGANIZATIONS

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership	
		(From)	(To)

SECTION XXIII

FINANCIAL STATUS

FINANCIAL STATUS

1. Are you entirely dependent on your salary? ☐ Yes ☐ No

2. If your answer is "NO" to the above, state sources of other income

3. Credit references (banking institutions, charge accounts, etc.)

Name of institution	Address (City, State, Country)

4. Have you ever been in, or petitioned for, bankruptcy? ☐ Yes ☐ No

5. If your answer is "YES" to the above, give particulars, including court and date(s)

6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?

☐ Yes ☐ No

7. If your answer is "YES" to the above question, give complete details

8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests? ☐ Yes ☐ No (If answer is "YES", furnish details in space below — Continue on separate sheet, if necessary)

SECTION XXIV

PERSONAL DECLARATIONS

PERSONAL DECLARATIONS

1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States? ☐ Yes ☐ No

2. If you have answered "YES" to the question above, explain.

PERSONAL DECLARATIONS (Continued)

3. Do you use or have you ever used intoxicants? ☐ Yes ☐ No
4. If so, to what extent?
5. Do you use or have you ever used narcotics? ☐ Yes ☐ No
6. If so, to what extent?
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details:
- ☐ Yes
- ☐ No

8. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.

9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

Note Special Instructions

If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date nature of offense, and disposition of case in accordance with special instructions above. ☐ Yes ☐ No
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above. ☐ Yes ☐ No
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above. ☐ Yes ☐ No
13. Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No
- Have you left a position under circumstances which you desire to explain? ☐ Yes ☐ No
14. If your answer to either or both questions in Item 13 above is "Yes," give details.

SECTION XXV

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

- | | |
|--|--|
| 1. Name (Last—First—Middle) | 2. Relationship |
| 3. Home address (Number, Street, City, State, ZIP Code) | 4. Home telephone number |
| 5. Business address (Number, Street, City, State, ZIP Code)—indicate name of firm or employer, if applicable | 6. Business telephone number & extension |
| 7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason. | |

SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

- | | |
|-------------------------------|---|
| 1. Date of signatures | 2. Signature of applicant |
| 3. Signed at (City and State) | 4. Signature of witness to identify applicant |

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

Space for extra details (Continued) — Reference each continued item by section and item number
Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

(Signature)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

[Type or print
carefully—use black ink]**PERSONAL HISTORY SUMMARY**

(For office use only)		(For office use only)		
Applicant	1. Full name (Last—First—Middle)	2. Date of birth	3. Place of birth	
	4. Other names used (Including maiden name) (Last—First—Middle)	5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)		
Marital Status	6. Name of spouse (Last—First—Middle—Maiden)	7. Date of birth	8. Place of birth (spouse)	
	9. Date & place of marriage	10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)		
	11. Former spouse(s)—full name(s)	12. If divorced, date & place of divorce		
Education	13. Complete following for high school, trade, commercial & specialized schools (Exclude military training); colleges & universities:			
	Dates attended (From — To —)	Name & address of school	Degree received	Major subject
Employment	14. Complete following for last three employment positions or last two years—begin with most recent or current position:			
	Dates employed (From — To —)	Name & address of employer	Employer's complete business address	
Residences	15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:			
	Dates resided (From — To —)	Complete address (Number, Street, City, State)		
Military	(1) 16. Military service organization (Army, Navy, etc.—specify)	17. Serial number	18. Rank, grade or rate	19. Dates of service (From — To —)
	(2) 20. Military service organization (Army, Navy, etc.—specify)	21. Serial number	22. Rank, grade or rate	23. Dates of service (From — To —)
Parents	24. Father's full name (Last—First—Middle)	25. Date of birth	26. Place of birth (Father)	
	27. Father's current address (Number, Street, City, State)	28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)		
	29. Mother's full name (Last—First—Middle—Maiden)	30. Date of birth	31. Place of birth (Mother)	
	32. Mother's current address (Number, Street, City, State)	33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)		

THIS SHEET MUST BE COMPLETED

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

<p>Abraham Lincoln Brigade Abraham Lincoln School, Chicago, Illinois Action Committee to Free Spain Now Alabama People's Educational Association (see Communist Political Association) American Association for Reconstruction in Yugoslavia, Inc. American Branch of the Federation of Greek Maritime Unions American Christian Nationalist Party American Committee for European Workers' Relief (see Socialist Workers Party) American Committee for Protection of Foreign Born American Committee for Spanish Freedom American Committee for the Settlement of Jews in Birobidjan, Inc. American Committee for Yugoslav Relief, Inc. American Committee to Survey Labor Conditions in Europe American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity American Council on Soviet Relations American Croatian Congress American Jewish Labor Council American League Against War and Fascism American League for Peace and Democracy American National Labor Party American National Socialist League American National Socialist Party American Nationalist Party American Patriots, Inc. American Peace Crusade American Peace Mobilization American Poles for Peace American Polish Labor Council American Polish League American Rescue Ship Mission (a project of the United American Spanish Aid Committee) American-Russian Fraternal Society American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union American Russian Institute, Philadelphia American Russian Institute of San Francisco American Russian Institute of Southern California, Los Angeles American Slav Congress American Women for Peace American Youth Congress American Youth for Democracy Armenian Progressive League of America Associated Klans of America Association of Georgia Klans Association of German Nationals (Reichsdeutsche Vereinigung) Ausland-Organisation der NSDAP, Overseas Branch of Nazi Party</p>	<p>Boston School for Marxist Studies, Boston, Massachusetts Bridges-Robertson-Schmidt Defense Committee Bulgarian American People's League of the United States of America California Emergency Defense Committee California Labor School, Inc., 321 Divisadero Street, San Francisco, California Carpatho-Russian People's Society Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women Central Japanese Association (Beikoku Chuo Nipponjin Kai) Central Japanese Association of Southern California Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront) Cervantes Fraternal Society China Welfare Appeal, Inc. Chopin Cultural Center Citizens Committee for Harry Bridges Citizens Committee of the Upper West Side (New York City) Citizens Committee to Free Earl Browder Citizens Emergency Defense Conference Citizens Protective League Civil Liberties Sponsoring Committee of Pittsburgh Civil Rights Congress and its affiliated organizations, including: Civil Rights Congress for Texas Veterans Against Discrimination of Civil Rights Congress of New York Civil Rights Congress for Texas (see Civil Rights Congress) Columbians Comite Coordinador Pro Republica Espanola Comite Pro Derechos Civiles (See Puerto Rican Comite Pro Libertades Civiles) Committee for a Democratic Far Eastern Policy Committee for Constitutional and Political Freedom Committee for Nationalist Action Committee for Peace and Brotherhood Festival in Philadelphia Committee for the Defense of the Pittsburgh Six Committee for the Negro in the Arts Committee for the Protection of the Bill of Rights Committee for World Youth Friendship and Cultural Exchange Committee to Abolish Discrimination in Maryland (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland) Committee to Aid the Fighting South Committee to Defend Marie Richardson Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners Committee to Uphold the Bill of Rights Commonwealth College, Mena, Arkansas Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates</p>
---	--

Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
 Alabama People's Educational Association
 Florida Press and Educational League
 Oklahoma League for Political Education
 People's Educational and Press Association of Texas
 Virginia League for People's Education

Congress Against Discrimination
 (See Committee to Abolish Discrimination in Maryland)
 Congress of American Revolutionary Writers
 Congress of American Women
 Congress of the Unemployed
 Connecticut Committee to Aid Victims of the Smith Act
 Connecticut State Youth Conference
 Council for Jobs, Relief and Housing
 Council for Pan-American Democracy
 Council of Greek Americans
 Council on African Affairs
 Croatian Benevolent Fraternity

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
 Daily Worker Press Club
 Daniels Defense Committee
 Dante Alighieri Society (between 1935 and 1940)
 Dennis Defense Committee
 Detroit Youth Assembly

East Bay Peace Committee
 Elsinore Progressive League
 Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)
 Everybody's Committee to Outlaw War

Families of the Baltimore Smith Act Victims
 Families of the Smith Act Victims
 Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)
 Finnish-American Mutual Aid Society
 Florida Press and Educational League (see Communist Political Association)
 Frederick Douglass Educational Center
 Freedom Stage, Inc.
 Friends of the New Germany (Freunde des Neuen Deutschlands)
 Friends of the Soviet Union

Garibaldi American Fraternal Society
 George Washington Carver School, New York City
 German-American Bund (Amerikadeutscher Volksbund)
 German-American Republican League
 German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
 Guardian Club

Harlem Trade Union Council
 Hawaii Civil Liberties Committee
 Helmusha Kai, also known as Nokubei Heleki Gimusha Kai, Zaihei Nihonjin, Helyaku Gimusha Kai, and Zaihei Helmusha Kai (Japanese Residing in America Military Conscripts Association)
 Hellenic-American Brotherhood
 Hinode Kai (Imperial Japanese Reservists)
 Hinomaru Kai (Rising Sun Flag Society—a group of Japanese War Veterans)
 Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)
 Hollywood Writers Mobilization for Defense
 Hungarian-American Council for Democracy
 Hungarian Brotherhood

Idaho Pension Union
 Independent Party (Seattle, Washington)
 (See Independent People's Party)

Independent People's Party
 (See Independent Party)
 Industrial Workers of the World
 International Labor Defense
 International Workers Order, its subdivisions, subsidiaries and affiliates
 Japanese Association of America
 Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)
 Japanese Overseas Convention, Tokyo, Japan, 1940
 Japanese Protective Association (Recruiting Organization)
 Jefferson School of Social Science, New York City
 Jewish Culture Society
 Jewish People's Committee
 Jewish People's Fraternal Order
 Jikyoku Inkai (The Committee for the Crisis)
 Johnson-Forest Group
 (See Johnsonites)
 Johnsonites
 (See Johnson-Forest Group)
 Joint Anti-Fascist Refugee Committee
 Joint Council of Progressive Italian-Americans, Inc.
 Joseph Wedemeyer School of Social Science, St. Louis, Missouri

Kibei Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)
 Knights of the White Camellia
 Ku Klux Klan
 Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft)
 Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)

Labor Council for Negro Rights
 Labor Research Association, Inc.
 Labor Youth League
 League for Common Sense
 League of American Writers
 Lictor Society (Italian Black Shirts)

Macedonian-American People's League
 Mario Morgantini Circle
 Maritime Labor Committee to Defend Al Lannon
 Maryland Congress Against Discrimination
 (See Committee to Abolish Discrimination in Maryland)
 Massachusetts Committee for the Bill of Rights
 Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.)
 Maurice Braverman Defense Committee
 Michigan Civil Rights Federation
 Michigan Council for Peace
 Michigan School of Social Science

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)
 National Association of Mexican Americans (also known as Asocacion Nacional Mexico-Americana)
 National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)
 National Committee for Freedom of the Press
 National Committee for the Defense of Political Prisoners
 National Committee to Win Amnesty for Smith Act Victims
 National Committee to Win the Peace
 National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)
 National Council of Americans of Croatian Descent
 National Council of American-Soviet Friendship
 National Federation for Constitutional Liberties
 National Labor Conference for Peace
 National Negro Congress
 National Negro Labor Council
 Nationalist Action League

Nationalist Party of Puerto Rico
 Nature Friends of America (since 1935)
 Negro Labor Victory Committee
 New Committee for Publications
 Nichibei Kogyo Kaisha (The Great Fujii Theatre)
 North American Committee to Aid Spanish Democracy
 North American Spanish Aid Committee
 North Philadelphia Forum
 Northwest Japanese Association

Ohio School of Social Sciences
 Oklahoma Committee to Defend Political Prisoners
 Oklahoma League for Political Education (see Communist Political Association)
 Original Southern Klans, Incorporated

Pacific Northwest Labor School, Seattle, Washington
 Palo Alto Peace Club
 Partido del Pueblo of Panama (operating in the Canal Zone)
 Peace Information Center
 Peace Movement of Ethiopia
 People's Drama, Inc.
 People's Educational and Press Association of Texas (see Communist Political Association)
 People's Educational Association (incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School
 People's Institute of Applied Religion
 Peoples Programs (Seattle, Washington)
 People's Radio Foundation, Inc.
 People's Rights Party
 Philadelphia Labor Committee for Negro Rights
 Philadelphia School of Social Science and Art
 Photo League (New York City)
 Pittsburgh Arts Club
 Political Prisoners' Welfare Committee
 Polonia Society of the IWO
 Progressive German-Americans, also known as Progressive German-Americans of Chicago
 Proletarian Party of America
 Protestant War Veterans of the United States, Inc.
 Provisional Committee of Citizens for Peace, Southwest Area
 Provisional Committee on Latin American Affairs
 Provisional Committee to Abolish Discrimination in the State of Maryland
 (See Committee to Abolish Discrimination in Maryland)
 Puerto Rican Comité Pro Libertades Civiles (CLC)
 (See Comité Pro Derechos Civiles)
 Puertorriquenos Unidos (Puerto Ricans United)

Quad City Committee for Peace
 Queensbridge Tenants League

Revolutionary Workers League
 Romanian-American Fraternal Society
 Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War)
 Samuel Adams School, Boston, Massachusetts

Santa Barbara Peace Forum
 Schappes Defense Committee
 Schneiderman-Darcy Defense Committee
 School of Jewish Studies, New York City
 Seattle Labor School, Seattle, Washington
 Serbian-American Fraternal Society
 Serbian Vidoydan Council
 Shinto Temples (limited to State Shinto abolished in 1945)
 Silver Shirt Legion of America
 Slavic Council of Southern California
 Slovak Workers Society
 Slovenian-American National Council
 Socialist Workers Party, including American Committee for European Workers' Relief
 Sokoku Kai (Fatherland Society)
 Southern Negro Youth Congress
 Suiko Sha (Reserve Officers Association, Los Angeles)
 Syracuse Women for Peace

Tom Paine School of Social Science, Philadelphia, Pennsylvania
 Tom Paine School of Westchester, New York
 Trade Union Committee for Peace
 (See Trade Unionists for Peace)
 Trade Unionists for Peace
 (See Trade Unionists for Peace)
 Tri-State Negro Trade Union Council

Ukrainian-American Fraternal Union
 Union of American Croats
 Union of New York Veterans
 United American Spanish Aid Committee
 United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations
 United Committee of South Slavic Americans
 United Defense Council of Southern California
 United Harlem Tenants and Consumers Organization
 United May Day Committee
 United Negro and Allied Veterans of America

Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress)
 Veterans of the Abraham Lincoln Brigade
 Virginia League for People's Education (see Communist Political Association)
 Voice of Freedom Committee

Walt Whitman School of Social Science, Newark, New Jersey
 Washington Bookshop Association
 Washington Committee for Democratic Action
 Washington Committee to Defend the Bill of Rights
 Washington Commonwealth Federation
 Washington Pension Union
 Wisconsin Conference on Social Legislation
 Workers Alliance (since April 1936)

Yiddisher Kultur Farband
 Young Communist League
 Yugoslav-American Cooperative Home, Inc.
 Yugoslav Seamen's Club, Inc.

CERTIFICATION

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

INSTRUCTIONS

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

[illegible]

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2
MEDICAL RECORD (To be completed by applicant)

1. NAME				HEIGHT	2. ADDRESS	
3. SEX	4. MARITAL STATUS	5. DATE OF BIRTH	6. NO. OF CHILDREN	WEIGHT		

MEDICAL HISTORY

6. CHECK BELOW IF YOU HAVE EVER HAD ANY OF THE FOLLOWING. EXPLAIN ALL CHECK MARKS ON REVERSE SIDE. IF NONE CHECK HERE ☐

1. <input type="checkbox"/> EPILEPSY	8. <input type="checkbox"/> BLOODSPITTING	15. <input type="checkbox"/> VARICOSE VEINS	22. <input type="checkbox"/> FAINTING SPELLS	29. <input type="checkbox"/> CANCER OR TUMORS	36. <input type="checkbox"/> FREQUENT SORE THROAT
2. <input type="checkbox"/> ARTHRITIS	9. <input type="checkbox"/> POLIOMYELITIS	16. <input type="checkbox"/> SWOLLEN GLANDS	23. <input type="checkbox"/> RECTAL TROUBLE	30. <input type="checkbox"/> FREQUENT INDIGESTION	37. <input type="checkbox"/> CHOREA (ST. VITUS DANCE)
3. <input type="checkbox"/> DIABETES	10. <input type="checkbox"/> TUBERCULOSIS	17. <input type="checkbox"/> TYPHOID FEVER	24. <input type="checkbox"/> RHEUMATIC FEVER	31. <input type="checkbox"/> PEPTIC (STOMACH) ULCER	38. <input type="checkbox"/> DERMATITIS (SKIN TROUBLE)
4. <input type="checkbox"/> PARALYSIS	11. <input type="checkbox"/> DISCHARGE (EAR)	18. <input type="checkbox"/> HEART TROUBLE	25. <input type="checkbox"/> KIDNEY TROUBLE	32. <input type="checkbox"/> BACKACHE OR SPRAIN	39. <input type="checkbox"/> FREQUENT NOSE BLEEDING
5. <input type="checkbox"/> JAUNDICE	12. <input type="checkbox"/> EARACHES	19. <input type="checkbox"/> CHRONIC COUGH	26. <input type="checkbox"/> VENEREAL DISEASE	33. <input type="checkbox"/> ASTHMA OR HAYFEVER	40. <input type="checkbox"/> FREQUENT HEADACHES OR DIZZINESS
6. <input type="checkbox"/> MALARIA	13. <input type="checkbox"/> PLEURISY	20. <input type="checkbox"/> HERNIA (RUPTURE)	27. <input type="checkbox"/> SHORTNESS OF BREATH	34. <input type="checkbox"/> DIFFICULTY OF URINATION	41. <input type="checkbox"/> NERVOUS OR MENTAL BREAKDOWN
7. <input type="checkbox"/> GOUT	14. <input type="checkbox"/> PNEUMONIA	21. <input type="checkbox"/> FREQUENT COLDS	28. <input type="checkbox"/> CHRONIC CONSTIPATION	35. <input type="checkbox"/> HIGH BLOOD PRESSURE	

6A. ILLNESSES NOT LISTED ABOVE	6B. DISEASES OF CHILDHOOD
--------------------------------	---------------------------

7. GIVE DETAILS OF ILLNESS, OPERATIONS (Include tonsils), INJURIES (Include fractures)

8. HAVE YOU ANY IMPAIRMENT OF SIGHT OR HEARING	9. HAS YOUR WEIGHT CHANGED IN LAST TWO YEARS <input type="checkbox"/> INCREASED <input type="checkbox"/> DECREASED HOW MUCH _____ LBS	10. MENSTRUAL HISTORY (Include date of last period)
11. HAVE YOU BEEN VACCINATED FOR SMALLPOX <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____	12. WHAT OTHER VACCINATIONS OR INOCULATIONS HAVE YOU HAD	13. HAVE YOU EVER USED ALCOHOLIC OR MALT LIQUORS TO EXCESS
14. HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOL OR DRUG HABIT	15. WHEN DID YOU LAST CONSULT A PHYSICIAN (Give name of physician and date)	16. DO YOU SMOKE (If so how much)

17. MILITARY SERVICE

1. YEARS OF SERVICE _____	2. BRANCH OF SERVICE _____	3. DATE OF DISCHARGE _____
4. REASON FOR DISCHARGE _____		5. ARE YOU APPLYING FOR OR RECEIVING ANY GOVERNMENT PENSION OR DISABILITY PAYMENTS _____
6. PRESENT DRAFT MEDICAL STATUS _____		5A. IF SO, WHAT PERCENTAGE OF DISABILITY _____
		7. IF 4F, FOR WHAT REASON _____

18. HAVE YOU EVER BEEN REFUSED INSURANCE	19. HAVE YOU ANY COMPENSATION CLAIM PENDING
--	---

20. FAMILY RECORD AND MEDICAL HISTORY

FAMILY (Include siblings)	AGE	LIVING (State of health)	DECEASED (Cause)	AGE AT DEATH	HAS ANY MEMBER OF YOUR FAMILY EVER HAD:		
					DISEASE	YES	NO
FATHER					TUBERCULOSIS		
MOTHER					CANCER		
HUSBAND					INSANITY		
WIFE					EPILEPSY		
					DIABETES		
					APOPLEXY (Stroke)		
					HEART TROUBLE		
					KIDNEY TROUBLE		
					HIGH BLOOD PRESSURE		

I certify that the foregoing statements are true to the best of my knowledge and belief. I understand that leaving out or misrepresenting facts called for above may be the cause for refusal of employment or separation from the organization.

I hereby grant permission to the examining physician to disclose any and all information herein or herein-after furnished by me to the organization as may be deemed necessary.

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

DATE _____	SIGNATURE OF APPLICANT _____
------------	------------------------------

2223 4-67

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

NAME _____

OFFICE OF MEDICAL SERVICES

PRIVILEGED MEDICAL INFORMATION

THIS ENVELOPE NOT TO BE USED FOR MAILING PURPOSES

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2